

**APPLICATION FOR A PERMIT TO  
DISCHARGE TO THE SANITARY SEWER**

**NOTE TO SIGNING OFFICIAL:** This application must be complete and returned within thirty (30) days. Signing officials must have authorization to provide information on behalf of the company.

**Check One:**   ☐ Temporary Permit      ☐ Regular Permit      ☐ Modification Permit  
**Check One:**   ☐ Significant User      ☐ Non-Significant User

***SECTION A:    General Information***

1.    Company Name \_\_\_\_\_  
      (dba name if applicable) \_\_\_\_\_
2.    Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_
3.    Facility Address \_\_\_\_\_ Telephone Number \_\_\_\_\_ *(Address*  
*and where sewer is requested. Please note ALL correspondences will be sent to the mailing address listed above).*
4.    Is company currently in operation at the facility address?   ☐ Yes      ☐ No  
  
      If no, when will facility be in operation? \_\_\_\_\_
5.    Authorized Representative of Company  
  
      Name \_\_\_\_\_ Title \_\_\_\_\_  
      Business Phone \_\_\_\_\_ Type of Facility \_\_\_\_\_
6.    Contact Representative of Company *(Please all correspondences will be sent to the name address in the following blank provided).*  
  
      Name \_\_\_\_\_ Title \_\_\_\_\_  
      Business Phone \_\_\_\_\_ Type of Facility \_\_\_\_\_

**SECTION B.**    *Product or Service Information*

1.     Detailed description of processes and service activity at the facility as it relates to the sanitary sewer discharge. Include description of all equipment and Pretreatment devices (sand filters, grease traps, pH adjustment mechanisms, treatment units, etc.) utilized in the process.

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2.     **ATTACH** a list of all raw materials used in all phases of the process and service activity as it relates to sanitary sewer discharge.

3.     Number of employees \_\_\_\_\_ Hours per day of operation \_\_\_\_\_ Day(s) in a week in operation \_\_\_\_\_

4.     Standard Industrial Code Number (SIC) \_\_\_\_\_

5.     List other environmental control permit(s) and the permit(s) number(s) held at this time.

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6.     **ATTACH** a property map or sketch below a diagram showing locations of water and sewer connections, manholes, traps, etc. Also, indicate the location(s) of all approved monitoring station(s) for collecting samples and measuring flows of wastewater streams prior to discharge to the sanitary sewer.

### SECTION C. *Wastewater Discharge Information*

1. Average water consumption from city during a 24 hour period: (gal/day) \_\_\_\_\_ (Show calculations)
  
2. (A.) Average total daily flow discharge to sanitary sewer: (gal/day) \_\_\_\_\_  
(B.) Average process flow discharged to the sanitary sewer: (gal/day) \_\_\_\_\_  

☐ Estimated

☐ Measured
  
3. Type of discharge: ☐ Continuous ☐ Intermittent ☐ Batch

**SECTION D.**    *Certification Statement (All Applicants)*

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations.

Signature\_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Telephone \_\_\_\_\_

Please mail **ALL** correspondence to the following address:

Attn: Mercie Rhone - Pretreatment Supervisor  
1237 Murphy Street Ste 102  
Shreveport, LA 71101